

MARTHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200
(617) 727-3465 HELPLINE
www.mass.gov/ago

Prevailing Wage Complaint Form Instructions

If you worked on a public works construction project for a city, town or state and believe that you were not paid according to the state prevailing wage law, please complete this form and send it to the above address. **Please attach copies of any documents that support your claim.**

If your employer did not perform construction work for a government entity, you should not use this form. You may, instead, complete and file a "Non-Payment of Wage and Workplace Complaint Form," available for download on the Attorney General's Office website at www.mass.gov/ago. If you are still uncertain about which form to use, please call the Fair Labor Hotline at (617) 727-3465.

Please fill out this form as completely and accurately as possible. Also, attach photocopies of any supporting information such as pay stubs, work logs, and correspondence from your employer. Please keep the originals for your records. Return the completed form and materials to:

**Office of the Attorney General
Fair Labor Division
One Ashburton Place, Rm 1813
Boston, MA 02108**

Before we can process your complaint, our office must receive full and complete information from you. Please check to make certain you have provided the following:

- Your employer's complete name and address, including zip code
- Description of the work you performed, and the violation you are alleging
- Amount of wages you are owed, and your hourly or weekly rate of pay
- Exact dates worked but not paid
- City or town where you worked
- Last date you worked
- Copies of pay stubs
- Any information relevant in support of your claim – (Please attach additional summary explanation as needed.)

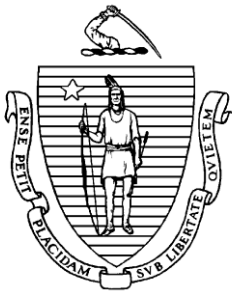
After reviewing the material you provide, the Attorney General's Office will determine whether or not to conduct a preliminary investigation and whether further action is warranted. This may include the following:

- Seeking restitution of your unpaid wages
- Issuing a civil citation against your employer
- Seeking criminal charges against your employer

If the Attorney General elects to institute an enforcement action, you must be interviewed by an investigator from this office. Later, you may also need to appear at a hearing.

If you wish to file your own lawsuit, you may sue your employer in civil court for your wages ninety days after filing a complaint with this office. If you prevail, you may be awarded treble damages and legal fees. You may also request written permission from the Attorney General's Office to proceed before the end of the ninety day waiting period.

Please note that it usually takes several weeks to review and conduct a preliminary investigation of your complaint.



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Please Read: Under most circumstances, the text of your complaint will be considered a public record and be available to any member of the public upon request. In response to such a request, *we generally will not disclose your name, address, phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted.* Your record in its entirety may, however, be disclosed to law enforcement and regulatory agencies who may assist in resolving your complaint.

**Providing a Social Security Number is voluntary. It will aid in processing your complaint, but we will proceed without one.*

(1.) Employee Information

First name _____ Middle name _____ Last name _____

Social Security Number* _____ Date of birth _____ Gender: **M**____ **F**____
(month/day/year)

Current mailing address _____ E-Mail Address: _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Start date of employment _____ End date of employment _____
(month/day/year) (month/day/year)

(2.) Employer Information

Company name _____

Company address _____ City _____ State _____ Zip _____

Company phone _____ Owner/President cell phone _____

If known, total number of employees in company _____

Company owner/president name, title _____

(3.) Public Works Project Information (If work included multiple project sites, please attach additional information as needed, or include such information in the **Complaint Summary** on last page)

Project name _____ General Contractor: _____

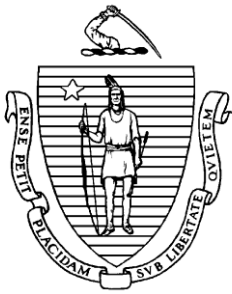
Address _____ City _____ State _____ Zip _____

Your project supervisor/foreman's name, title _____

City/town(s) where work was performed _____

How long have you been employed on this project? From _____ to _____
(month/day/year) (month/day/year)

Describe the kind of work you performed. _____



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(4.) Rate of pay for prevailing wage work performed: Hourly Rate: \$ _____ or, Salary per Week: \$ _____

(5.) How were you paid: ☐ - Company Check ☐ - Personal Check ☐ - Cash

By Whom: _____

(6.) Have you been paid at least 1 & 1/2 time for all hours worked over 40 in one week: ☐ - YES ☐ - NO

(7.) Did you receive a pay stub: ☐ - YES ☐ - NO

(8.) Please check off all deductions taken by the employer from your total hourly rate of pay:

☐ - State Taxes ☐ - Federal Taxes ☐ - Health Insurance ☐ - Pension/Annuity

☐ - Other, please identify _____

(9.) Did you make a personal demand for your wages owed: ☐ - YES ☐ - NO

If yes, what was the employer's response? _____

(10.) Have you been retaliated against for inquiring about your wages: ☐ - YES ☐ - NO

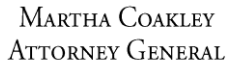
If yes, explain. _____

(11.) Have you been asked, threatened, intimidated, or required to give back any part of your pay: ☐ - YES ☐ - NO

If yes, explain. _____

(12.) Please provide the names and contact phone number of co-workers with whom you worked who may be able to verify your work:

_____	_____
_____	_____
_____	_____



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Date signed